

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. A. 1560 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, July 19th 1887

Full Name of Deceased, Mary Riley
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 29 Years, — Months, — Days,

Color, white

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Ireland

Birthplace, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, Give street and Number. 219 Mulberry St.

Cause of Death, First (Primary), Bright's Disease.
Second (Immediate), Uræmic Convulsion.

Duration of Last Sickness, about half an hour.

the above information should be furnished by the Physician.
Place of Burial, St. Peters

Date of Burial, July 21st 1887 } Chr. Johnston Jr. M. D.

Undertaker M. Hadocan } Medical Attendant.

Place of Business, 227 Mulberry St. Address, 201 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1561

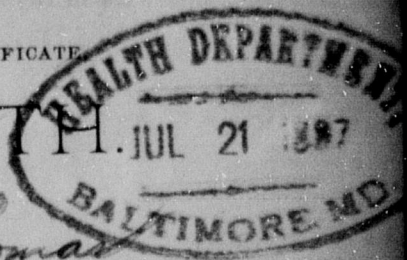
Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, July 18th 1887

Full Name of Deceased, Chas Henry Thomas
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 48 Years,

6 Months, 28 Days.

Color, Negro

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Scowman (Locust Point)

Birth Place, St Marys Co. Md
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Seventeen yrs

Place of Death, 512 Stockton Alley
Give Street and Number.

Cause of Death, Carcinoma of Stomach (Scirrhus)
First (Primary),
Inanition
Second (Immediate),

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ceme

Date of Burial, July 21st 87

Undertaker, Scirell & Hardy

Place of Business, 216 Cross St

Wm. L. L. Thomas M. D.
Medical Attendant.

Address, 513 W. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1562 Office of Registrar of Vital Statistics.

Ward 7

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Miles

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, 0 Months, 0 Days

Color, Single White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No 217 Care Bond and Abbott St.

Cause of Death, { First (Primary), General Dropsy; Second (Immediate), Bright Disease }

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, July 21 1887

{ Undertaker, John Henry } John H. Corman M. D. Medical Attendant.

{ Place of Business, 2008 Calveans St. } 1224 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1563**

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, **July 20, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Edward Branch**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **One** Years, **Eight** Months, **Eight** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **✓**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore city.**

Duration of Residence in the City of Baltimore, **✓**

Place of Death, { Give Street and Number. } **No. 1841 Harford ave.**

Cause of Death, { First (Primary), Second (Immediate), } **Whooping Cough.**
Convulsions.

Duration of Last Sickness, **Several days.**

All the above information should be furnished by the Physician.

Place of Burial, **Louten Park Cem.**

Date of Burial, **July 22 1887**

Undertaker, **John Henry** **1741** **Aug. R. Clavell, M. D.** Medical Attendant.

Place of Business, **2008 Calver St.** **1841 Harford ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

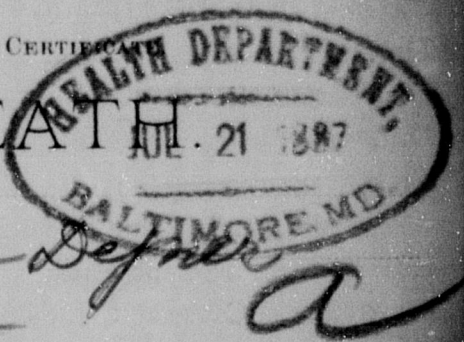
The Special Attention of Physicians is respectfully invited to the Remarks below, and to enter Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1564 Office of Registrar of Vital Statistics. Ward 6E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, July 19th 1887
Full Name of Deceased, Federica Defina { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Female { Cross out the word not required in this line. }
Age, 53 Years, _____ Months, _____ Days
Color, White
Married, Single, Widow or Widower, Widow { Cross out the words not required in this line. }
Occupation, XXX
Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 28 Years
Place of Death, 504 N Bethel St { Give Street and Number. }
Cause of Death, Valvular Heart disease { First (Primary), _____ Second (Immediate), _____ }
Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.
Date of Burial, July 27 1887
Undertaker, John Henning
Place of Business, 2008 Calvary St Address, 1707 E Balto St
Medical Attendant, Wm C Donnell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

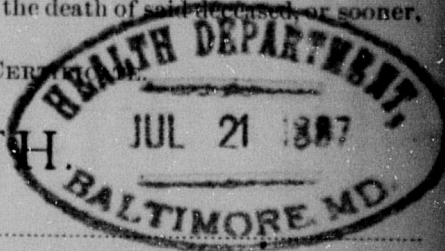
Board of Health, City of Baltimore,

Permit No. A 1565 Office of Registrar of Vital Statistics. Ward 4²

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, July 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Frederick Neenstiel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 2 Months, 13 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 211 High St (north)

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cholera infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 21st Whipplecomb M. D.,

Undertaker, John Henkley Medical Attendant,

Place of Business, 2108 Orleans St Address, 126 N. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Health Department, City of Baltimore.

Permit No. *A 1566* Office of Registrar of Vital Statistics.

Ward *2^d*

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CERTIFICATE OF DEATH



Date of Death, *July 20th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eva Gerumski*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *4* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give Street and Number. } *1916 Alice Anna St*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *July 21 87*

Undertaker, *Felix Broskowski* *John H. Rehberger* M. D.

Medical Attendant.

Place of Business, *1732 Allison St* Address, *1709 Alice Anna St*

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1567 Office of Registrar of Vital Statistics. Ward 10 ⁴

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CERTIFICATE OF DEATH



Date of Death, July 20

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Matthews

Sex, ~~Male~~ or Female, ^{Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, ed

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.}

Occupation,

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{Give Street and Number.} 715 Sarah Ann

Cause of Death, ^{First (Primary), Second (Immediate),} Cholera Infant
Assthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 22/87

{ Undertaker, Wm P Gray } L A Fleming M. D.

Medical Attendant.

{ Place of Business, 216 N } Address, 728 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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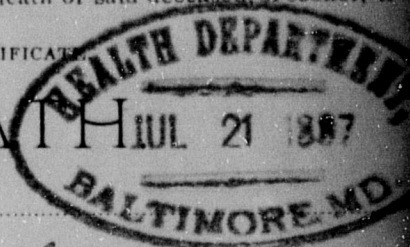
Board of Health, City of Baltimore.

Permit No. A 1568 Office of Registrar of Vital Statistics. Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, July 20, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Calvin H Furlong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 21 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life ✓

Place of Death, { Give street and Number. } 1366 N. Carey

Cause of Death, { First (Primary), Second (Immediate). } Deerghoea

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, July 21, 1887

Undertaker, John E. Hough

Place of Business, 1408 Penn. Ave. Address, 1821 Mad. Ave.

J. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]

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Health Department, City of Baltimore.

Permit No. A 1569 Office of Registrar of Vital Statistics.

Ward 18th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st

Full Name of Deceased, Charles Davis

Sex, Male or Female, Male

Age, 12 Years, 4 Months, 18 Days.

Color, White

Married, Single, Widow or Widower.

Occupation, None

Birth Place, Maryland (Dorchester)

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, 126 W. Corp St

Cause of Death, Enteritis
Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Taylor Island Dorchester County

Date of Burial, July 23

Undertaker, R. H. Arkle

Place of Business, West Light Address, 915 Light St

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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